SOCIETY OF REPRODUCTIVE SURGEONS

PROGRAM REQUIREMENTS FOR A POST-GRADUATE

FELLOWSHIP IN: MINIMALLY INVASIVE REPRODUCTIVE SURGERY (MIRS)

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I. **Introduction**

The SRS Fellowship in minimally-invasive reproductive surgery is an intensive training program providing the graduate with advanced specialized MIRS expertise. SRS formed the MIRS training program because of its commitment to providing an individualized educational opportunity to physicians who are interested in acquiring the necessary knowledge and skills to serve as a specialist in MIRS. While minimally-invasive surgery fellowships are both respected and coveted, the American Council for Graduate Medical Education (ACGME) does not yet formally recognize any minimally-invasive surgical fellowships.

The mission of the MIRS Program is to provide a training program for gynecologists and reproductive endocrinologists who have completed their residency and desire to acquire additional knowledge and surgical skills in the specialized reproductive surgical discipline so they may: serve as a scholarly and surgical resource for the community in which they practice; have the ability to care for patients with complex surgical disease via specialized minimally invasive techniques; teach these skills to the next generation, serve in a leadership role in advanced endoscopic reproductive surgery; and conduct research in minimally-invasive reproductive surgery.

II. **Educational Objective**

The educational objective is to provide an organized educational program with guidance and supervision to facilitate personal and professional development while advancing MIRS. There is a focus on evidence-based medicine, anatomical principles, and operative endoscopic, robotic and microsurgical techniques as applied to reproductive surgery. The Fellowship board commits to:

- Provide experience in preoperative, operative, and postoperative care
- Support Fellows to participate in research
- Provide Fellows with the opportunity to maintain continuity of care for their patients through office visits and phone calls
- Support open communication and feedback between the program faculty and the Fellows throughout the year
- Provide a sufficient number of surgical cases to advance operative skill and surgical judgment
- Provide a working environment that is optimal for Fellow education and patient care

III. **Recruitment and Application Process**

a. Applicant Eligibility:

1. ACGME or AOA-accredited Residency Training
    - Certificate or letter of completion with dates of training

- Letter of recommendation from Program Director

2. International Medical Graduates (IMGs):
   - Doctor of Medicine diploma (or its equivalent) without reservations (translation of degree into English by certified translator and notarized if necessary)
   - Successfully passed USMLE
   - Current and valid ECFMG (Education Council of Foreign Medical Graduates) certificate
   - Demonstrated written and spoken fluency in English language

b. Selection:

- Application must be complete (including letters of recommendation) by July 1st.
- Applicant must meet eligibility requirements in order to be considered for interview.
- Individual program directors will contact the applicant via letter, telephone, or email on their decision to offer an interview on or before August 1st.
- The Interview process and timing will be individualized per program.
- Acceptance may be offered on a rolling basis or by October 1st of the academic year prior to starting the fellowship on July 1st.
- Contract, orientation schedules, dates and requirements are sent to the new Fellows as soon as available by the individual programs.

IV. **Program Curriculum**

The curriculum will be comprised of didactic teaching, clinical experience, research and self-learning.

a. Education should include structured teaching, conferences, seminars, and didactic instruction. The Fellow's schedule and responsibilities may be structured to allow attendance at national conferences.

b. The clinical experience will include the volume and variety of cases to fulfill the Educational Objective. The Fellow must be capable of performing all procedures relevant to the clinical practice of the subspecialty. The Fellow should be supervised in all clinical activities, including surgical procedures.

c. Research training may include basic science, translational or clinical research. The Fellow is expected to present a scientific contribution at the ASRM Congress. The contribution can be a video, oral or poster presentation. The expectations and integration of other research endeavors will vary with each program.

V. **Fellow Evaluation & Requirements**

Upon successful completion of the fellowship, each Fellow will receive a certificate from the SRS Board noting the completion of MIRS training.

Requirements for graduation will include:

1. Satisfactory clinical and surgical training as outlined by the individual program
2. Completion of at least 11 months of training
3. Procedure log completion and submission to SRS at completion of fellowship
4. Presentation at the ASRM Congress. The contribution can be a video, oral or poster presentation.
5. Fellow evaluation of their educational fellowship experience and fellowship director at completion of fellowship.

VI. **Policies**

a. Anti-Harassment

View a complete description of the Anti-Harassment policy here.

b. Duty Hours

The Fellows are not to exceed 80 duty hours per week, inclusive of in-house call and moonlighting. They will log their duty hours weekly for the program director to review.

c. Stipend and Benefits

Fellows may be provided a stipend. This is negotiable between the Fellow and program director.

The following benefits are required:

- The fellowship must provide Fellows with professional liability coverage and all pertinent information regarding this coverage. Liability coverage must include legal defense and protection against awards from claims reported or filed after the completion of the program, if the alleged acts or omissions of the Fellows are within the scope of the program.

The following benefits are recommended:

- Health and disability insurance
- Research associated costs (IRB, equipment, publication or presentation related fees)
- Travel to the annual meeting of the SRS

Appendix 1:

I. Sample Surgical Competency List—Gynecology
(Edit to reflect your individualized program)

Case Type	Understand	Understand and Perform	Supplemental Competency	Pre-Fellowship Competency
Laparoscopic Adhesiolysis				
Mild/moderate		X		X
Severe		X		
Enterolysis		X		
Laparoscopic Ovarian Surgery				
Cystectomy		X		X
Adnexal detorsion		X		X
Oophorectomy		X		X
Ovarian drilling	X		X	
Oophoropexy		X		
Ovarian cryopreservation	X		X	
Ovarian remnant		X		
Ovarian transposition	X		X	
Laparoscopic Tubal Surgery				
Tubal ligation				X
Salpingectomy		X		X
Salpingoscopy	X		X	
Neosalpingostomy		X		
Tubal reanastomosis	X		X	
Paratubal cystectomy		X		X
Linear salpingostomy		X		X
Microsurgical Tubal Surgery				
Microsurgical tubal anastomosis		X X	X	
Retroperitoneal Dissection				
Ureterolysis		X		
Uterine artery ligation	X			
Space of Retzius dissection	X			
Presacral neurectomy		X		
Gastrointestinal and Urinary Procedures				
Ureteral stenting	X		X	
Hydrodistension	X		X	
Proctosigmoidoscopy	X			
Cystoscopy		X		X
Office-based Endoscopy				

Diagnostic hysteroscopy (rigid/flexible)		X		X
Operative Hysteroscopy		X		X
Vaginoscopy		X		
Transvaginal hydrolaparoscopy	X			
Laparoscopy	X			
Hysteroscopy				
Diagnostic		X		X
Hysteroscopic sterilization	X			X
Pregnancy complications - retained POC		X		X
Foreign bodies		X		X
Lysis of synechia - mild, moderate		X		X
Lysis of synechia – severe	X		X	
Metroplasty		X		
Polypectomy		X		X
Myomectomy Types 0- I - or less than 2cm		X		X
Myomectomy Type II - or greater than 2cm		X		
Tubal cannulation	X		X	

Case Type	**Understand**	**Understand and Perform**	**Supplemental Competency**	**Pre-Fellowship Competency**
Endometrial Ablation				
Rollerball/endomyometrial resection		X		
Global endometrial ablation		X		X
Endometriosis Surgery				
Cul de sac dissection		X		
Segmental bowel resection and anastomosis	X		X	
Treatment of superficial endometriosis		X		X
Ureterolysis		X		
Ureteral reanastomosis	X		X	
Ureteral neocystotomy	X		X	
Bladder surgery for endometriosis		X	X	
Bowel surgery for endometriosis	X		X	
Presacral neurectomy		X		
Appendectomy		X	X	
Resection of deep infiltrating endometriosis		X		
Treatment of extra-pelvic sites endometriosis	X		X	
Hysterectomy +/- BSO				
Laparoscopic supracervical hysterectomy	X			X

Total laparoscopic hysterectomy		X		
LAVH	X			X
Trachelectomy	X			
Vaginal hysterectomy				X
Myomectomy				
Laparoscopic myomectomy		X		
Laparoscopic-assisted myomectomy		X		
Non-surgical treatment of fibroids	X			X
Laparoscopic uterine artery occlusion	X			
Pregnancy Related				
Diagnostic/operative laparoscopy		X		X
Laparoscopic cerclage	X			
Correction of Congenital Anomalies				
Resection of rudimentary uterine horn		X		
Correction of other lateral and vertical fusion defects	X		X	
Creation of neovagina	X		X	
Management of Complications				
Cystotomy repair		X		
Enterotomy repair		X		
Vascular injury	X		X	
Ureteral injury	X		X	

Imaging				
Transvaginal sonography		X		X
Sonohysterography		X		
Intraoperative sonography	X		X	
Hysterosalpingography		X		
Transabdominal sonography	X		X	
Pain management	X		X	

Appendix 2: MIRS Reference Material

- American Society for Reproductive Medicine Practice Committee guidelines on surgical topics. http://www.reprodsurgery.org/Guidelines/
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